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JUL 05 2006

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Alicia Hoffman

(Depositor's name)

Alicia Hoffman

(Signature)

6-29-06

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,041	02/09/2001	Ronald Klein	UF-10293	8442

TITLE OF INVENTION: HUMAN DISEASE MODELING USING SOMATIC GENE TRANSFER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/07/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
FALK, ANNE MARIE		1632	800-009000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Timothy H. Van Dyke

2 Beusse Wolter Sanks

3 Mora & Maire, P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UNIVERSITY OF FLORIDA
 RESEARCH FOUNDATION, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GAINESVILLE, FLORIDA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Timothy H. Van Dyke

Date 6/29/2006

Typed or printed name Timothy H. Van Dyke

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